

<i>SERFF Tracking Number:</i>	<i>ELCC-126550000</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Equitable Life &amp; Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>45422</i>
<i>Company Tracking Number:</i>	<i>2050/2070</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>2010 Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2050/2070 /2050/2070</i>		

## Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: 2010 Medicare Supplement	SERFF Tr Num: ELCC-126550000	State: Arkansas
TOI: MS08I Individual Medicare Supplement -	SERFF Status: Closed-Approved-	State Tr Num: 45422
Standard Plans 2010	Closed	
Sub-TOI: MS08I.001 Plan A 2010	Co Tr Num: 2050/2070	State Status: Approved-Closed
Filing Type: Form/Rate		Reviewer(s): Stephanie Fowler
	Authors: Mark Banks, Kathy Foster,	Disposition Date: 05/19/2010
	John Neville	
	Date Submitted: 04/14/2010	Disposition Status: Approved-
		Closed
Implementation Date Requested: 06/01/2010		Implementation Date: 06/01/2010

State Filing Description:

## General Information

Project Name: 2050/2070	Status of Filing in Domicile: Pending
Project Number: 2050/2070	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 05/19/2010	Explanation for Other Group Market Type:
	State Status Changed: 05/11/2010
Deemer Date:	Created By: Mark Banks
Submitted By: Mark Banks	Corresponding Filing Tracking Number:
Filing Description:	
Submitted for your review are the following 2010 Medicare Supplement forms for Equitable Life & Casualty Insurance Company ("Equitable"):	

2050-A AR --- Plan A Policy  
 2050-F AR --- Plan F Policy  
 2050-N AR --- Plan N Policy  
 OLC 2050-AR --- Outline of Coverage

*SERFF Tracking Number:* ELCC-126550000      *State:* Arkansas  
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Standard Plans 2010  
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A-FS AR --- Application  
A-FSQ --- Medical Questions  
RN-10 --- Replacement Notice  
BR 2050 AR--- Advertising Brochure

These are new forms and do not replace any form previously filed with and approved by the Arkansas Insurance Department. Included with these forms are a readability certification and actuarial memorandums and rates.

These are individual products and will be marketed through licensed and appointed independent producers.

Each form in this filing is briefly described as follows:

**Policy Forms:** The policy form is the contract of insurance. The policy provides the benefits required and described under applicable state law and regulation. The policy is guaranteed renewable and does not contain a waiting period for pre-existing conditions.

**Outline of Coverage:** The outline of coverage identifies the benefits provided under each standard plan, lists the rates applicable to each plan offered by Equitable, contains required disclosures and benefit plan charts in accordance with applicable state law and regulation.

**Application and Medical Questions:** The application is used to gather information necessary for the issuance of a policy. Such information includes an applicant's plan selection, if the applicant is eligible for coverage as an open enrollee or under a guarantee issue situation, and the disclosures and questions required under applicable state law and regulation. Equitable completes the application during a point-of-sale telephone interview with both the applicant and agent. Equitable completes the application with the applicant, and gathers the agent information required in the application from the agent. The interview is recorded, including all verbal "signatures", and stored. Upon completion of the application, the information is stored electronically for policy issuance. A copy of the completed application is attached to the policy when issued.

**Medical Questions:** Individuals who do not apply during their open enrollment periods or under circumstances that warrant the guaranteed issuance of a policy are underwritten. Such individuals will answer the medical questions during the application process described above.

**Replacement Notice:** The replacement notice has been drafted in accordance with applicable state law and regulation. The form will be presented and completed, if a replacement is involved, at the time of application. A copy of the form will be left with the applicant.

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Advertising Brochure: The advertising brochure is provided to a prospective insured at the time of application. The form highlights some of the benefits and features of each offered plan.

## Company and Contact

### Filing Contact Information

Mark Banks, Manager of Regulatory Compliance  
 3 Triad Center Suite 200  
 Salt Lake City, UT 84180  
 Mark.Banks@Equilife.com  
 800-352-5150 [Phone] 3756 [Ext]  
 801-579-3781 [FAX]

### Filing Company Information

Equitable Life & Casualty Insurance Company CoCode: 62952 State of Domicile: Utah  
 3 Triad Center Group Code: -99 Company Type: Life and Health  
 Suite 200 Group Name: State ID Number:  
 Salt Lake City, UT 84180 FEIN Number: 87-0129771  
 (801) 579-3400 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$550.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form, \$50.00 per rate.  
 8 forms, 3 rates (\$50 x 11=\$550.00)  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$550.00	04/14/2010	35657546

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Company Tracking Number:	2050/2070		
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.001 Plan A 2010
Product Name:	2010 Medicare Supplement		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	05/19/2010	05/19/2010
Approved-Closed	Stephanie Fowler	05/11/2010	05/11/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Outline of Coverage	Kathy Foster	05/18/2010	05/18/2010
Supporting Document	redlined OLC	Kathy Foster	05/18/2010	05/18/2010

SERFF Tracking Number:	ELCC-126550000	State:	Arkansas
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Product Name:	2010 Medicare Supplement		
Project Name/Number:	2050/2070 /2050/2070		

## Disposition

Disposition Date: 05/19/2010

Implementation Date: 06/01/2010

Status: Approved-Closed

Comment: Please see our original approval for more details on this approval.

Rate data does NOT apply to filing.

SERFF Tracking Number: ELCC-126550000 State: Arkansas

Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 45422

Company Tracking Number: 2050/2070

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
Standard Plans 2010

Product Name: 2010 Medicare Supplement

Project Name/Number: 2050/2070 /2050/2070

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	redlined OLC		Yes
Form	Plan A Policy	Approved	Yes
Form	Plan F Policy	Approved	Yes
Form	Plan N Policy	Approved	Yes
Form (revised)	Outline of Coverage	Approved	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Application	Approved	Yes
Form	Medical Questions	Approved	Yes
Form	Replacement Notice	Approved	Yes
Form	Advertising Brochure	Approved	Yes
Rate	Actuarial Memorandum and Rates	Approved	No
Rate	Actuarial Memorandum and Rates	Approved	No
Rate	Actuarial Memorandum and Rates	Approved	No

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## Disposition

Disposition Date: 05/11/2010

Implementation Date: 06/01/2010

Status: Approved-Closed

Comment: This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Rate data does NOT apply to filing.

SERFF Tracking Number: ELCC-126550000 State: Arkansas

Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 45422

Company Tracking Number: 2050/2070

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
Standard Plans 2010

Product Name: 2010 Medicare Supplement

Project Name/Number: 2050/2070 /2050/2070

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	redlined OLC		Yes
Form	Plan A Policy	Approved	Yes
Form	Plan F Policy	Approved	Yes
Form	Plan N Policy	Approved	Yes
Form (revised)	Outline of Coverage	Approved	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Application	Approved	Yes
Form	Medical Questions	Approved	Yes
Form	Replacement Notice	Approved	Yes
Form	Advertising Brochure	Approved	Yes
Rate	Actuarial Memorandum and Rates	Approved	No
Rate	Actuarial Memorandum and Rates	Approved	No
Rate	Actuarial Memorandum and Rates	Approved	No



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 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
 Standard Plans 2010  
 Product Name: 2010 Medicare Supplement  
 Project Name/Number: 2050/2070 /2050/2070

**Amendment Letter**

Submitted Date: 05/18/2010

**Comments:**

Thank you for your recent approval of Equitable Life & Casualty Insurance Company's recent submission of our new 2010 Medicare Supplement policies. We appreciate your timely response. In readying this product for market, we have discovered an error in the Outline of Coverage - the form number should be "OLC 2050-AR"; however, the OLC that was filed showed a form number of "OLC 2070-AR". Attached please find both a clean copy and a redlined version of the corrected Outline of Coverage.

We appreciate you re-opening this filing so that we could file the revised OLC. Please let me know if you have any questions.

We look forward to hearing from you soon.

Kathy Foster,  
 Compliance Analyst

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
OLC 2050-AR	Outline of Coverage	Outline of Coverage	Initial					OLC 2050_ar.pdf

**Supporting Document Schedule Item Changes:**

**User Added -Name: redlined OLC**

Comment:

OLC 2050\_ar redlined.pdf

SERFF Tracking Number: ELCC-126550000 State: Arkansas

Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 45422

Company Tracking Number: 2050/2070

TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010  
Standard Plans 2010

Product Name: 2010 Medicare Supplement

Project Name/Number: 2050/2070 /2050/2070

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 05/11/2010	2050-A AR	Policy/Cont ract/Fratern al Certificate	Plan A Policy	Initial		45.500	2050-a_ar.pdf
Approved 05/11/2010	2050-F AR	Policy/Cont ract/Fratern al Certificate	Plan F Policy	Initial		45.200	2050-f_ar.pdf
Approved 05/11/2010	2050-N AR	Policy/Cont ract/Fratern al Certificate	Plan N Policy	Initial		45.600	2050-n_ar.pdf
Approved 05/19/2010	OLC 2050- AR	Outline of Coverage	Outline of Coverage	Initial			OLC 2050_ar.pdf
Approved 05/11/2010	A-FS AR	Application/ Enrollment Form	Application	Initial			A-FS AR.pdf
Approved 05/11/2010	A-FSQ	Other	Medical Questions	Initial			A-FSQ.pdf
Approved 05/11/2010	RN-10	Other	Replacement Notice	Initial			RN-10.pdf
Approved 05/11/2010	BR 2050 AR	Advertising	Advertising Brochure	Initial			BR 2050 AR.pdf

**YOU HAVE SELECTED PLAN A. THIS POLICY PROVIDES BENEFITS WHICH SUPPLEMENT MEDICARE. IT IS GUARANTEED RENEWABLE FOR YOUR LIFETIME. WE HAVE THE RIGHT TO CHANGE PREMIUMS ONLY ON A CLASS BASIS BY STATE.**

**Medicare  
Supplement  
Policy**

We Insure You, named as the Insured on the Policy Schedule. We promise to pay the benefits provided in this Policy for covered losses that are incurred while this Policy is in force. All benefits are subject to the definitions, limitations, exclusions and all other provisions of this Policy. All benefits are also subject to the provisions of any endorsement which may be attached. **Notice to Buyer: This Policy may not cover all of Your medical expenses.**

**Your Thirty  
Day Right to  
Examine This  
Policy**

If for any reason You are not satisfied with this Policy, You may return it to Us or to the agent who sold it to You within 30 days after You receive it. We will refund all premiums You paid to Us and then You and We will be in the same position as if a Policy had never been issued.

**Coverage for  
Pre-existing  
Conditions**

Benefits will be paid for all covered losses under this Policy, even those caused by a Sickness, Injury or physical condition that existed before the Effective Date of the Policy. Loss occurring during a Confinement is considered to commence with the first day of such Confinement.

**Renewal  
Conditions**

You may renew this Policy as long as You live. To renew, just pay a renewal premium. It must be paid on or before the end of the premium period, within the Grace Period, or during the Conservation Period. After this Policy is in force We cannot refuse to renew it or place any restrictions on it if the premium is paid on time.

**Premium  
Changes**

We will not change the premiums for this Policy during Your first year of coverage within the 2050 Series. Thereafter, we can change them, but only if We change them for all policies like Yours in Your state on a class basis. A class is determined by benefits selected, year of issue and/or your age at entry. No rate adjustment may be made on an individual basis. Notice will be given to You at least 31 days before any premium change.

Your Policy benefits automatically change in accordance with Policy provisions whenever Medicare benefits change. After Your first year of coverage, the renewal premium for this Policy may change on a renewal date following the Effective Date of any change in the deductible and/or Coinsurance amounts which You are required to pay under Medicare. Any such premium change will be based on the actuarial computations that We then use to determine the renewal premium.

**Consideration  
& Effective  
Date**

This Policy is issued in consideration of the statements in Your application for insurance that is attached to and is made a part of this Policy, and the payment of the initial premium. This payment will keep the Policy in force until the first renewal date. The initial premium and the first renewal date are shown on Page 2. Coverage under this Policy begins at 12:01 a.m. Standard Time at Your residence on the Effective Date shown on Page 2. It ends, subject to the Grace Period, at 12:01 a.m. on the date any renewal premium is due and not paid.

IN WITNESS WHEREOF, We have caused the Policy to be signed by Our President and Secretary.

  
Secretary

  
President

**POLICY SCHEDULE**

Plan:	Policy Number:
Insured:	Effective Date:
	First Renewal Date:
Initial Premium:	
Alternate Payor:	
Endorsements:	Premium: See scale of attained age premiums on outline of coverage

**Renewal Premiums**

Annual	Semi-Annual	Quarterly	Monthly Bank Draft
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*You have selected Plan A, which contains the following benefits. If additional information is needed, please contact Your Equitable agent or call one of Our Policyowner Specialists at 1 (800) 352-5150.*

## **BASIC BENEFITS**

### **Part A Hospital Expense Benefits**

<b>61st to 90th Day Coinsurance</b>	We will pay You the Medicare Part A Eligible Expenses for hospitalization to the extent not covered by Medicare Part A for each day You are hospitalized from the 61st day through the 90th day in any Medicare Benefit Period.
<b>Lifetime Reserve Coinsurance</b>	We will pay You the Medicare Part A Eligible Expenses You incur as daily Hospital charges during use of Medicare's lifetime Hospital inpatient reserve days, to the extent not covered by Medicare.
<b>Following the Lifetime Reserve</b>	Upon exhaustion of the Medicare Hospital inpatient coverage including the lifetime reserve days, We will pay You 100% of the Medicare Part A Eligible Expenses for hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days. Your provider shall accept Your payment as payment in full and will not bill You for any balance.
<b>Hospice Care</b>	We will pay You 100% of the amount owed by You for Medicare Part A Eligible Expenses You incur for hospice and respite care.

### **Part A & B Blood Benefits**

<b>Part A &amp; B Blood Benefit</b>	We will pay You for the first 3 pints of whole blood or equivalent packed red blood cells You are charged for when not paid by Medicare Part A or B each calendar year.
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### **Part B Benefits**

<b>Part B Coinsurance</b>	We will pay You the Coinsurance amount, or the copayment amount due for Hospital outpatient services under a prospective payment system (PPS), when as a result of Injury or Sickness, You incur Medicare Part B Eligible Expenses, regardless of Hospital Confinement, subject to the Medicare Part B Deductible.
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## DEFINITIONS

*The person named as the "Insured" on Page 2 of this Policy is referred to in this Policy as You, Your, Yours, or Insured and Equitable Life & Casualty Insurance Company as We, Our or Us.*

<b>Benefit Period</b>	Means a period that begins, after the Effective Date of this Policy, with the first day of Hospital Confinement and ends at the close of 60 consecutive days during which You were not confined to a Hospital or skilled nursing facility.
<b>Coinsurance</b>	Means the difference between the Medicare approved amount and the Medicare payment after You have satisfied the applicable Medicare deductibles.
<b>Confinement</b>	Means medically required stay as a resident inpatient in a Hospital or skilled nursing facility. It must be on the specific recommendation and under the general supervision of a Doctor.
<b>Doctor</b>	Means a duly licensed person practicing in the healing arts and acting within the scope of that license in treating a Sickness or Injury. A Doctor must be other than an immediate member of Your family.
<b>Hospital</b>	Means a place that is licensed as a Hospital pursuant to law and is legally operated for the care and treatment of sick or injured persons at their expense. A Hospital does not include the following kinds of facilities (including units in a Hospital used for such care); (a) convalescent, nursing home, rest home, or nursing care facilities; (b) places that primarily treat the aged, drug addicts or alcoholics; and (c) facilities that primarily provide custodial or educational care.
<b>Injury</b>	Means bodily harm sustained by You which: (a) is the direct result of an accident or trauma that occurs while Your Policy is in force; and (b) is not related to Sickness, bodily infirmity or any other cause.
<b>Inpatient Hospital Deductible</b>	Means the initial Hospital expense incurred during a Benefit Period for which You are responsible under Medicare.
<b>Medicare</b>	Means Title XVIII of the United States Social Security Act of 1965, as then constituted or later amended.
<b>Medicare Part A</b>	Means the program under Medicare officially called "Hospital Insurance Benefit for the Aged and Disabled".
<b>Medicare Part B</b>	Means the program under Medicare officially called "Supplementary Medical Insurance Benefits for the Aged and Disabled".
<b>Medicare Eligible Expenses</b>	Means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.
<b>Sickness</b>	Means illness or disease of an insured person.

## LIMITATIONS & EXCLUSIONS

<b>Limitations &amp; Exclusions</b>	We will not pay benefits under this Policy for: <ul style="list-style-type: none"><li>a) Any expense which is not eligible for payment under Medicare, unless otherwise covered in Your Policy or by endorsement; or</li><li>b) Any expense which You are not legally obligated to pay.</li></ul>
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## ELIGIBILITY FOR COVERAGE

<b>Individual Not Covered by Medicare</b>	If You have not established entitlement to benefits under Medicare, We will provide benefits under this Policy as though You had established entitlement.
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## POLICY SUSPENSION

### Medicaid Entitlement

If You apply for and become entitled to medical assistance under Medicaid, the benefits and premiums under Your Policy will be suspended, if requested, for up to 24 months during Your Medicaid Entitlement. You must request this suspension within 90 days of becoming entitled to Medicaid.

If You lose Your entitlement to Medicaid while Your Policy is suspended, Your Policy will be automatically reinstated if You request it within 90 days of losing Your Medicaid Entitlement and You pay the premium attributable to this period. Your reinstated Policy will be effective as of the date Your Medicaid Entitlement is terminated.

### Group Health Plan Coverage

If You were eligible for, and purchased this Policy by reason of disability and You become covered under an employer or union based group health plan, Your benefits and premiums under this Policy will be suspended, if requested, while You are covered under the group health plan.

If You lose coverage under Your group health plan while Your Policy is suspended, Your Policy will be automatically reinstated if You request it within 90 days of losing Your Group Health Plan Coverage and You pay the premium attributable to this period. Your reinstated Policy will be effective as of the date Your Group Health Plan Coverage is terminated.

### Reinstitution

Your reinstated Policy will provide the same or substantially equivalent coverage that was in effect when your Policy was suspended. The premium for Your reinstated Policy will be on the same terms that would have applied had Your Policy not been suspended.

## GENERAL PROVISIONS

### Entire Contract; Changes

This Policy with endorsements and any attached papers, is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

### Conformity with State Laws

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the State in which You reside on that Effective Date is amended to conform to the minimum requirements of such laws.

### Misstatement of Age

If Your age has been misstated, We will pay only such amounts as the premium paid would have purchased at the correct age. In the event an age is overstated, We will refund any premium that may be due when We have been notified of this fact. If according to the correct age the Policy would not have become effective for any reason, Our liability shall be limited to the refund of the premium paid, subject to an adjustment for paid claims.

### Notice of Claim

Written Notice of Claim must be given within 6 months after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at the address shown on Page 8, or to any one of Our agents. The notice should include Your name and Policy number.

### Claim Forms

When We receive Notice of Claim, We will send You forms for filing Proof of Loss. If these forms are not sent to You within 15 days after giving such notice, You can meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss provision.

### Electronic Claim Filing Process

Your health care providers will usually submit electronically to Medicare the billed charges for any medical or Hospital expenses You incur. Medicare then processes the benefits for expenses eligible under Part A and/or B, and then passes Your claim electronically to Us for consideration of benefits under Your Policy. We will accept Medicare's electronic submission of Your claim to Us as Your Notice of Claim and Your Claim Form. For consideration of expenses that are not submitted electronically to Us, a paper copy of Your Medicare Summary Notice can serve as Your Notice of Claim and Claim Form. The Medicare Summary Notice shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare Summary Notice to Us or Your health care provider may submit it to Us on Your behalf.

### Proofs of Loss

Written Proof of Loss must be given to Us within 90 days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than 1 year from the time specified unless You were legally incapacitated.



<b>Payment of Benefits</b>	All benefits will be paid to You, or Your assignee. Benefits unpaid at Your death may be paid to Your estate or We may pay up to \$1,000 to any relative of Yours who is entitled to them. Any payment made in good faith will fully release Us to the extent of that payment.
<b>Timely Payment of Benefits</b>	Benefits payable under this Policy will be paid as soon as We receive proper written Proof of Loss.
<b>Assignment</b>	No assignment of benefits under this Policy shall be binding upon Us unless the original (or copy of it) is on file with Us. We do not assume any responsibility for the validity of any assignment.
<b>Other Insurance With Us</b>	Your insurance under a like policy or policies with Us is limited to one such policy elected by You, Your beneficiary or Your estate, as the case may be, and We will return all premiums paid for all such other policies.
<b>Grace Period</b>	This Policy has a 31 day Grace Period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the Grace Period this Policy will stay in force.
<b>Alternate Payor</b>	An Alternate Payor is a person selected by You to receive a reminder of the renewal premium due if You have not paid it during the Grace Period. Your Alternate Payor is shown on Page 2.
<b>Conservation Period</b>	We offer You an additional 15 days beyond the Grace Period to pay Your premium. During this 15 day extension, this Policy is not in force unless Your premium is paid within this period. The Policy will then be renewed with no lapse in coverage.
<b>Unpaid Premium</b>	We reserve the right to deduct any premium due and unpaid from a claim payment.
<b>Reinstatement</b>	<p>If the renewal premium is not paid before the Grace Period ends or within the Conservation Period, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for Reinstatement will Reinstatement this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be Reinstated as of the approval date. Lacking such approval this Policy will be Reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval.</p> <p>The Reinstated Policy will only cover losses that result from Injury or Sickness sustained after the date of Reinstatement. In all other respects, Your rights and Our rights will remain the same after You have satisfied any provisions noted on or attached to the Reinstated Policy. Any premium accepted with a Reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days before the date of Reinstatement.</p>
<b>Continuation of Coverage</b>	We cannot terminate Your Policy as long as You pay Your premium on time. Termination of coverage under this Policy shall be without prejudice to any continuous loss for Confinement to a Hospital or skilled nursing facility that commences while this Policy is in force and during which You are determined to be continuously totally disabled. In this Policy, "continuously totally disabled" means the complete inability of a person to engage in all the normal activities of a person of the same age and gender. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.
<b>Refund of Unearned Premium</b>	We will refund that part of any premium paid which covers a period beyond the end of the Policy month of Your death.
<b>Time Limit on Certain Defenses</b>	No statements, except fraudulent misstatements, made by You in the application for this Policy, shall be used to void this Policy or to deny a claim for loss incurred after 2 years from the Effective Date of this Policy. No claim for loss occurring after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition had existed before the Effective Date of this Policy.
<b>Legal Action</b>	No legal action may be brought to recover on this Policy within 60 days after written Proof of Loss has been given as required by this Policy. No such action may be brought after 3 years after the time written Proof of Loss is required to be given.

## YOUR MEDICARE SUPPLEMENT POLICY

If additional information is needed, please contact Your Equitable agent or call one of Our Policyowner Specialists at 1 (800) 352-5150.

If You have any questions about Your Policy, please write to Us and We will be happy to help You, or call Us, on Our toll free number listed above.

**Equitable Life & Casualty Insurance Company**  
**3 Triad Center**  
**Salt Lake City, Utah 84180-1200**

Policy Benefits	General Provisions . . . . .	Pages 6 & 7
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Following Lifetime Reserve	Conformity with State Laws	
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**YOU HAVE SELECTED PLAN F. THIS POLICY PROVIDES BENEFITS WHICH SUPPLEMENT MEDICARE. IT IS GUARANTEED RENEWABLE FOR YOUR LIFETIME. WE HAVE THE RIGHT TO CHANGE PREMIUMS ONLY ON A CLASS BASIS BY STATE.**

**Medicare  
Supplement  
Policy**

We Insure You, named as the Insured on the Policy Schedule. We promise to pay the benefits provided in this Policy for covered losses that are incurred while this Policy is in force. All benefits are subject to the definitions, limitations, exclusions and all other provisions of this Policy. All benefits are also subject to the provisions of any endorsement which may be attached. **Notice to Buyer: This Policy may not cover all of Your medical expenses.**

**Your Thirty  
Day Right to  
Examine This  
Policy**

If for any reason You are not satisfied with this Policy, You may return it to Us or to the agent who sold it to You within 30 days after You receive it. We will refund all premiums You paid to Us and then You and We will be in the same position as if a Policy had never been issued.

**Coverage for  
Pre-existing  
Conditions**

Benefits will be paid for all covered losses under this Policy, even those caused by a Sickness, Injury or physical condition that existed before the Effective Date of the Policy. Loss occurring during a Confinement is considered to commence with the first day of such Confinement.

**Renewal  
Conditions**

You may renew this Policy as long as You live. To renew, just pay a renewal premium. It must be paid on or before the end of the premium period, within the Grace Period, or during the Conservation Period. After this Policy is in force We cannot refuse to renew it or place any restrictions on it if the premium is paid on time.

**Premium  
Changes**

We will not change the premiums for this Policy during Your first year of coverage within the 2050 Series. Thereafter, we can change them, but only if We change them for all policies like Yours in Your state on a class basis. A class is determined by benefits selected, year of issue and/or your age at entry. No rate adjustment may be made on an individual basis. Notice will be given to You at least 31 days before any premium change.

Your Policy benefits automatically change in accordance with Policy provisions whenever Medicare benefits change. After Your first year of coverage, the renewal premium for this Policy may change on a renewal date following the Effective Date of any change in the deductible and/or Coinsurance amounts which You are required to pay under Medicare. Any such premium change will be based on the actuarial computations that We then use to determine the renewal premium.

**Consideration  
& Effective  
Date**

This Policy is issued in consideration of the statements in Your application for insurance that is attached to and is made a part of this Policy, and the payment of the initial premium. This payment will keep the Policy in force until the first renewal date. The initial premium and the first renewal date are shown on Page 2. Coverage under this Policy begins at 12:01 a.m. Standard Time at Your residence on the Effective Date shown on Page 2. It ends, subject to the Grace Period, at 12:01 a.m. on the date any renewal premium is due and not paid.

IN WITNESS WHEREOF, We have caused the Policy to be signed by Our President and Secretary.

  
Secretary

  
President

**POLICY SCHEDULE**

Plan:	Policy Number:
Insured:	Effective Date:
	First Renewal Date:
Initial Premium:	
Alternate Payor:	
Endorsements:	Premium: See scale of attained age premiums on outline of coverage

**Renewal Premiums**

Annual	Semi-Annual	Quarterly	Monthly Bank Draft
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*You have selected Plan F, which contains the following benefits. If additional information is needed, please contact Your Equitable agent or call one of Our Policyowner Specialists at 1 (800) 352-5150.*

## **BASIC BENEFITS**

### **Part A Hospital Expense Benefits**

<b>61st to 90th Day Coinsurance</b>	We will pay You the Medicare Part A Eligible Expenses for hospitalization to the extent not covered by Medicare Part A for each day You are hospitalized from the 61st day through the 90th day in any Medicare Benefit Period.
<b>Lifetime Reserve Coinsurance</b>	We will pay You the Medicare Part A Eligible Expenses You incur as daily Hospital charges during use of Medicare's lifetime Hospital inpatient reserve days, to the extent not covered by Medicare.
<b>Following the Lifetime Reserve</b>	Upon exhaustion of the Medicare Hospital inpatient coverage including the lifetime reserve days, We will pay You 100% of the Medicare Part A Eligible Expenses for hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days. Your provider shall accept Your payment as payment in full and will not bill You for any balance.
<b>Hospice Care</b>	We will pay You 100% of the amount owed by You for Medicare Part A Eligible Expenses You incur for hospice and respite care.

### **Part A & B Blood Benefits**

<b>Part A &amp; B Blood Benefit</b>	We will pay You for the first 3 pints of whole blood or equivalent packed red blood cells You are charged for when not paid by Medicare Part A or B each calendar year.
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### **Part B Benefits**

<b>Part B Coinsurance</b>	We will pay You the Coinsurance amount, or the copayment amount due for Hospital outpatient services under a prospective payment system (PPS), when as a result of Injury or Sickness, You incur Medicare Part B Eligible Expenses, regardless of Hospital Confinement, subject to the Medicare Part B Deductible.
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## **ADDITIONAL BENEFITS**

<b>Medicare Part A Deductible</b>	When You are confined as an inpatient to a Hospital, We will pay You the Medicare Part A Inpatient Hospital Deductible in any Medicare Benefit Period.
<b>Skilled Nursing Facility Benefit</b>	We will pay You the actual billed charges up to the daily Coinsurance amount from the 21st day through the 100th day in a Medicare Benefit Period for post-Hospital skilled nursing facility care eligible under Medicare Part A.
<b>Medicare Part B Deductible</b>	We will pay You for all Eligible Expenses used to satisfy Your Medicare Part B deductible amount per calendar year regardless of Hospital Confinement.
<b>100% of the Medicare Part B Excess Charges</b>	We will pay You 100% of the difference between the actual Medicare Part B billed charge, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.
<b>Medically Necessary Emergency Care in a Foreign Country</b>	When You are traveling outside the United States and require Emergency Care, we will pay You 80% of the billed charges after a calendar year deductible of \$250. Emergency Care shall mean care needed immediately because of an Injury or Sickness of sudden and unexpected onset beginning during the first 60 consecutive days of each trip outside the United States. Medical services must be of the type that Medicare would have covered if the care had been received in the United States. This benefit is subject to a lifetime maximum of \$50,000 dollars.

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## DEFINITIONS

*The person named as the "Insured" on Page 2 of this Policy is referred to in this Policy as You, Your, Yours, or Insured and Equitable Life & Casualty Insurance Company as We, Our or Us.*

<b>Benefit Period</b>	Means a period that begins, after the Effective Date of this Policy, with the first day of Hospital Confinement and ends at the close of 60 consecutive days during which You were not confined to a Hospital or skilled nursing facility.
<b>Coinsurance</b>	Means the difference between the Medicare approved amount and the Medicare payment after You have satisfied the applicable Medicare deductibles.
<b>Confinement</b>	Means medically required stay as a resident inpatient in a Hospital or skilled nursing facility. It must be on the specific recommendation and under the general supervision of a Doctor.
<b>Doctor</b>	Means a duly licensed person practicing in the healing arts and acting within the scope of that license in treating a Sickness or Injury. A Doctor must be other than an immediate member of Your family.
<b>Hospital</b>	Means a place that is licensed as a Hospital pursuant to law and is legally operated for the care and treatment of sick or injured persons at their expense. A Hospital does not include the following kinds of facilities (including units in a Hospital used for such care); (a) convalescent, nursing home, rest home, or nursing care facilities; (b) places that primarily treat the aged, drug addicts or alcoholics; and (c) facilities that primarily provide custodial or educational care.
<b>Injury</b>	Means bodily harm sustained by You which: (a) is the direct result of an accident or trauma that occurs while Your Policy is in force; and (b) is not related to Sickness, bodily infirmity or any other cause.
<b>Inpatient Hospital Deductible</b>	Means the initial Hospital expense incurred during a Benefit Period for which You are responsible under Medicare.
<b>Medicare</b>	Means Title XVIII of the United States Social Security Act of 1965, as then constituted or later amended.
<b>Medicare Part A</b>	Means the program under Medicare officially called "Hospital Insurance Benefit for the Aged and Disabled".
<b>Medicare Part B</b>	Means the program under Medicare officially called "Supplementary Medical Insurance Benefits for the Aged and Disabled".
<b>Medicare Eligible Expenses</b>	Means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.
<b>Sickness</b>	Means illness or disease of an insured person.

## LIMITATIONS & EXCLUSIONS

<b>Limitations &amp; Exclusions</b>	We will not pay benefits under this Policy for: <ul style="list-style-type: none"><li>a) Any expense which is not eligible for payment under Medicare, unless otherwise covered in Your Policy or by endorsement; or</li><li>b) Any expense which You are not legally obligated to pay.</li></ul>
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## ELIGIBILITY FOR COVERAGE

<b>Individual Not Covered by Medicare</b>	If You have not established entitlement to benefits under Medicare, We will provide benefits under this Policy as though You had established entitlement.
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## POLICY SUSPENSION

### Medicaid Entitlement

If You apply for and become entitled to medical assistance under Medicaid, the benefits and premiums under Your Policy will be suspended, if requested, for up to 24 months during Your Medicaid Entitlement. You must request this suspension within 90 days of becoming entitled to Medicaid.

If You lose Your entitlement to Medicaid while Your Policy is suspended, Your Policy will be automatically reinstituted if You request it within 90 days of losing Your Medicaid Entitlement and You pay the premium attributable to this period. Your reinstituted Policy will be effective as of the date Your Medicaid Entitlement is terminated.

### Group Health Plan Coverage

If You were eligible for, and purchased this Policy by reason of disability and You become covered under an employer or union based group health plan, Your benefits and premiums under this Policy will be suspended, if requested, while You are covered under the group health plan.

If You lose coverage under Your group health plan while Your Policy is suspended, Your Policy will be automatically reinstituted if You request it within 90 days of losing Your Group Health Plan Coverage and You pay the premium attributable to this period. Your reinstituted Policy will be effective as of the date Your Group Health Plan Coverage is terminated.

### Reinstitution

Your reinstituted Policy will provide the same or substantially equivalent coverage that was in effect when your Policy was suspended. The premium for Your reinstituted Policy will be on the same terms that would have applied had Your Policy not been suspended.

## GENERAL PROVISIONS

### Entire Contract; Changes

This Policy with endorsements and any attached papers, is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

### Conformity with State Laws

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the State in which You reside on that Effective Date is amended to conform to the minimum requirements of such laws.

### Misstatement of Age

If Your age has been misstated, We will pay only such amounts as the premium paid would have purchased at the correct age. In the event an age is overstated, We will refund any premium that may be due when We have been notified of this fact. If according to the correct age the Policy would not have become effective for any reason, Our liability shall be limited to the refund of the premium paid, subject to an adjustment for paid claims.

### Notice of Claim

Written Notice of Claim must be given within 6 months after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at the address shown on Page 8, or to any one of Our agents. The notice should include Your name and Policy number.

### Claim Forms

When We receive Notice of Claim, We will send You forms for filing Proof of Loss. If these forms are not sent to You within 15 days after giving such notice, You can meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss provision.

### Electronic Claim Filing Process

Your health care providers will usually submit electronically to Medicare the billed charges for any medical or Hospital expenses You incur. Medicare then processes the benefits for expenses eligible under Part A and/or B, and then passes Your claim electronically to Us for consideration of benefits under Your Policy. We will accept Medicare's electronic submission of Your claim to Us as Your Notice of Claim and Your Claim Form. For consideration of expenses that are not submitted electronically to Us, a paper copy of Your Medicare Summary Notice can serve as Your Notice of Claim and Claim Form. The Medicare Summary Notice shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare Summary Notice to Us or Your health care provider may submit it to Us on Your behalf.

### Proofs of Loss

Written Proof of Loss must be given to Us within 90 days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than 1 year from the time specified unless You were legally incapacitated.



<b>Payment of Benefits</b>	All benefits will be paid to You, or Your assignee. Benefits unpaid at Your death may be paid to Your estate or We may pay up to \$1,000 to any relative of Yours who is entitled to them. Any payment made in good faith will fully release Us to the extent of that payment.
<b>Timely Payment of Benefits</b>	Benefits payable under this Policy will be paid as soon as We receive proper written Proof of Loss.
<b>Assignment</b>	No assignment of benefits under this Policy shall be binding upon Us unless the original (or copy of it) is on file with Us. We do not assume any responsibility for the validity of any assignment.
<b>Other Insurance With Us</b>	Your insurance under a like policy or policies with Us is limited to one such policy elected by You, Your beneficiary or Your estate, as the case may be, and We will return all premiums paid for all such other policies.
<b>Grace Period</b>	This Policy has a 31 day Grace Period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the Grace Period this Policy will stay in force.
<b>Alternate Payor</b>	An Alternate Payor is a person selected by You to receive a reminder of the renewal premium due if You have not paid it during the Grace Period. Your Alternate Payor is shown on Page 2.
<b>Conservation Period</b>	We offer You an additional 15 days beyond the Grace Period to pay Your premium. During this 15 day extension, this Policy is not in force unless Your premium is paid within this period. The Policy will then be renewed with no lapse in coverage.
<b>Unpaid Premium</b>	We reserve the right to deduct any premium due and unpaid from a claim payment.
<b>Reinstatement</b>	<p>If the renewal premium is not paid before the Grace Period ends or within the Conservation Period, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for Reinstatement will Reinstatement this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be Reinstated as of the approval date. Lacking such approval this Policy will be Reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval.</p> <p>The Reinstated Policy will only cover losses that result from Injury or Sickness sustained after the date of Reinstatement. In all other respects, Your rights and Our rights will remain the same after You have satisfied any provisions noted on or attached to the Reinstated Policy. Any premium accepted with a Reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days before the date of Reinstatement.</p>
<b>Continuation of Coverage</b>	We cannot terminate Your Policy as long as You pay Your premium on time. Termination of coverage under this Policy shall be without prejudice to any continuous loss for Confinement to a Hospital or skilled nursing facility that commences while this Policy is in force and during which You are determined to be continuously totally disabled. In this Policy, "continuously totally disabled" means the complete inability of a person to engage in all the normal activities of a person of the same age and gender. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.
<b>Refund of Unearned Premium</b>	We will refund that part of any premium paid which covers a period beyond the end of the Policy month of Your death.
<b>Time Limit on Certain Defenses</b>	No statements, except fraudulent misstatements, made by You in the application for this Policy, shall be used to void this Policy or to deny a claim for loss incurred after 2 years from the Effective Date of this Policy. No claim for loss occurring after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition had existed before the Effective Date of this Policy.
<b>Legal Action</b>	No legal action may be brought to recover on this Policy within 60 days after written Proof of Loss has been given as required by this Policy. No such action may be brought after 3 years after the time written Proof of Loss is required to be given.

## YOUR MEDICARE SUPPLEMENT POLICY

If additional information is needed, please contact Your Equitable agent or call one of Our Policyowner Specialists at 1 (800) 352-5150.

If You have any questions about Your Policy, please write to Us and We will be happy to help You, or call Us, on Our toll free number listed above.

**Equitable Life & Casualty Insurance Company**  
**3 Triad Center**  
**Salt Lake City, Utah 84180-1200**

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Your Thirty Day Right to Examine This Policy . . . . .	Page 1

**YOU HAVE SELECTED PLAN N. THIS POLICY PROVIDES BENEFITS WHICH SUPPLEMENT MEDICARE. IT IS GUARANTEED RENEWABLE FOR YOUR LIFETIME. WE HAVE THE RIGHT TO CHANGE PREMIUMS ONLY ON A CLASS BASIS BY STATE.**

**Medicare  
Supplement  
Policy**

We Insure You, named as the Insured on the Policy Schedule. We promise to pay the benefits provided in this Policy for covered losses that are incurred while this Policy is in force. All benefits are subject to the definitions, limitations, exclusions and all other provisions of this Policy. All benefits are also subject to the provisions of any endorsement which may be attached. **Notice to Buyer: This Policy may not cover all of Your medical expenses.**

**Your Thirty  
Day Right to  
Examine This  
Policy**

If for any reason You are not satisfied with this Policy, You may return it to Us or to the agent who sold it to You within 30 days after You receive it. We will refund all premiums You paid to Us and then You and We will be in the same position as if a Policy had never been issued.

**Coverage for  
Pre-existing  
Conditions**

Benefits will be paid for all covered losses under this Policy, even those caused by a Sickness, Injury or physical condition that existed before the Effective Date of the Policy. Loss occurring during a Confinement is considered to commence with the first day of such Confinement.

**Renewal  
Conditions**

You may renew this Policy as long as You live. To renew, just pay a renewal premium. It must be paid on or before the end of the premium period, within the Grace Period, or during the Conservation Period. After this Policy is in force We cannot refuse to renew it or place any restrictions on it if the premium is paid on time.

**Premium  
Changes**

We will not change the premiums for this Policy during Your first year of coverage within the 2050 Series. Thereafter, we can change them, but only if We change them for all policies like Yours in Your state on a class basis. A class is determined by benefits selected, year of issue and/or your age at entry. No rate adjustment may be made on an individual basis. Notice will be given to You at least 31 days before any premium change.

Your Policy benefits automatically change in accordance with Policy provisions whenever Medicare benefits change. After Your first year of coverage, the renewal premium for this Policy may change on a renewal date following the Effective Date of any change in the deductible and/or Coinsurance amounts which You are required to pay under Medicare. Any such premium change will be based on the actuarial computations that We then use to determine the renewal premium.

**Consideration  
& Effective  
Date**

This Policy is issued in consideration of the statements in Your application for insurance that is attached to and is made a part of this Policy, and the payment of the initial premium. This payment will keep the Policy in force until the first renewal date. The initial premium and the first renewal date are shown on Page 2. Coverage under this Policy begins at 12:01 a.m. Standard Time at Your residence on the Effective Date shown on Page 2. It ends, subject to the Grace Period, at 12:01 a.m. on the date any renewal premium is due and not paid.

IN WITNESS WHEREOF, We have caused the Policy to be signed by Our President and Secretary.

  
Secretary

  
President

**POLICY SCHEDULE**

Plan:	Policy Number:
Insured:	Effective Date:
	First Renewal Date:
Initial Premium:	
Alternate Payor:	
Endorsements:	Premium: See scale of attained age premiums on outline of coverage

**Renewal Premiums**

Annual	Semi-Annual	Quarterly	Monthly Bank Draft
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*You have selected Plan N, which contains the following benefits. If additional information is needed, please contact Your Equitable agent or call one of Our Policyowner Specialists at 1 (800) 352-5150.*

## **BASIC BENEFITS**

### **Part A Hospital Expense Benefits**

<b>61st to 90th Day Coinsurance</b>	We will pay You the Medicare Part A Eligible Expenses for hospitalization to the extent not covered by Medicare Part A for each day You are hospitalized from the 61st day through the 90th day in any Medicare Benefit Period.
<b>Lifetime Reserve Coinsurance</b>	We will pay You the Medicare Part A Eligible Expenses You incur as daily Hospital charges during use of Medicare's lifetime Hospital inpatient reserve days, to the extent not covered by Medicare.
<b>Following the Lifetime Reserve</b>	Upon exhaustion of the Medicare Hospital inpatient coverage including the lifetime reserve days, We will pay You 100% of the Medicare Part A Eligible Expenses for hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days. Your provider shall accept Your payment as payment in full and will not bill You for any balance.
<b>Hospice Care</b>	We will pay You 100% of the amount owed by You for Medicare Part A Eligible Expenses You incur for hospice and respite care.

### **Part A & B Blood Benefits**

<b>Part A &amp; B Blood Benefit</b>	We will pay You for the first 3 pints of whole blood or equivalent packed red blood cells You are charged for when not paid by Medicare Part A or B each calendar year.
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### **Part B Benefits**

<b>Part B Coinsurance</b>	<p>We will pay You the Coinsurance amount, or the copayment amount due for Hospital outpatient services under a prospective payment system (PPS), when as a result of Injury or Sickness, You incur Medicare Part B Eligible Expenses, regardless of Hospital Confinement, subject to the Medicare Part B Deductible and the Policy copayment amounts as follows:</p> <ul style="list-style-type: none"><li>• <b>Provider Office Visits:</b> The lesser of \$20 or the Medicare Part B Coinsurance or copayment amount for each covered health care provider office visit, including visits to medical specialists.</li><li>• <b>Emergency Room Visits:</b> The lesser of \$50 or the Medicare Part B Coinsurance or copayment amount for each covered emergency room visit. The \$50 copayment amount will be waived when You are admitted to a hospital and the emergency room visit is covered as a Medicare Part A expense.</li></ul>
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## **ADDITIONAL BENEFITS**

<b>Medicare Part A Deductible</b>	When You are confined as an inpatient to a Hospital, We will pay You the Medicare Part A Inpatient Hospital Deductible in any Medicare Benefit Period.
<b>Skilled Nursing Facility Benefit</b>	We will pay You the actual billed charges up to the daily Coinsurance amount from the 21st day through the 100th day in a Medicare Benefit Period for post-Hospital skilled nursing facility care eligible under Medicare Part A.
<b>Medically Necessary Emergency Care in a Foreign Country</b>	When You are traveling outside the United States and require Emergency Care, we will pay You 80% of the billed charges after a calendar year deductible of \$250. Emergency Care shall mean care needed immediately because of an Injury or Sickness of sudden and unexpected onset beginning during the first 60 consecutive days of each trip outside the United States. Medical services must be of the type that Medicare would have covered if the care had been received in the United States. This benefit is subject to a lifetime maximum of \$50,000 dollars.

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## DEFINITIONS

*The person named as the "Insured" on Page 2 of this Policy is referred to in this Policy as You, Your, Yours, or Insured and Equitable Life & Casualty Insurance Company as We, Our or Us.*

<b>Benefit Period</b>	Means a period that begins, after the Effective Date of this Policy, with the first day of Hospital Confinement and ends at the close of 60 consecutive days during which You were not confined to a Hospital or skilled nursing facility.
<b>Coinsurance</b>	Means the difference between the Medicare approved amount and the Medicare payment after You have satisfied the applicable Medicare deductibles.
<b>Confinement</b>	Means medically required stay as a resident inpatient in a Hospital or skilled nursing facility. It must be on the specific recommendation and under the general supervision of a Doctor.
<b>Doctor</b>	Means a duly licensed person practicing in the healing arts and acting within the scope of that license in treating a Sickness or Injury. A Doctor must be other than an immediate member of Your family.
<b>Hospital</b>	Means a place that is licensed as a Hospital pursuant to law and is legally operated for the care and treatment of sick or injured persons at their expense. A Hospital does not include the following kinds of facilities (including units in a Hospital used for such care); (a) convalescent, nursing home, rest home, or nursing care facilities; (b) places that primarily treat the aged, drug addicts or alcoholics; and (c) facilities that primarily provide custodial or educational care.
<b>Injury</b>	Means bodily harm sustained by You which: (a) is the direct result of an accident or trauma that occurs while Your Policy is in force; and (b) is not related to Sickness, bodily infirmity or any other cause.
<b>Inpatient Hospital Deductible</b>	Means the initial Hospital expense incurred during a Benefit Period for which You are responsible under Medicare.
<b>Medicare</b>	Means Title XVIII of the United States Social Security Act of 1965, as then constituted or later amended.
<b>Medicare Part A</b>	Means the program under Medicare officially called "Hospital Insurance Benefit for the Aged and Disabled".
<b>Medicare Part B</b>	Means the program under Medicare officially called "Supplementary Medical Insurance Benefits for the Aged and Disabled".
<b>Medicare Eligible Expenses</b>	Means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.
<b>Sickness</b>	Means illness or disease of an insured person.

## LIMITATIONS & EXCLUSIONS

<b>Limitations &amp; Exclusions</b>	We will not pay benefits under this Policy for: <ul style="list-style-type: none"><li>a) Any expense which is not eligible for payment under Medicare, unless otherwise covered in Your Policy or by endorsement; or</li><li>b) Any expense which You are not legally obligated to pay.</li></ul>
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## ELIGIBILITY FOR COVERAGE

<b>Individual Not Covered by Medicare</b>	If You have not established entitlement to benefits under Medicare, We will provide benefits under this Policy as though You had established entitlement.
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## POLICY SUSPENSION

### Medicaid Entitlement

If You apply for and become entitled to medical assistance under Medicaid, the benefits and premiums under Your Policy will be suspended, if requested, for up to 24 months during Your Medicaid Entitlement. You must request this suspension within 90 days of becoming entitled to Medicaid.

If You lose Your entitlement to Medicaid while Your Policy is suspended, Your Policy will be automatically reinstituted if You request it within 90 days of losing Your Medicaid Entitlement and You pay the premium attributable to this period. Your reinstituted Policy will be effective as of the date Your Medicaid Entitlement is terminated.

### Group Health Plan Coverage

If You were eligible for, and purchased this Policy by reason of disability and You become covered under an employer or union based group health plan, Your benefits and premiums under this Policy will be suspended, if requested, while You are covered under the group health plan.

If You lose coverage under Your group health plan while Your Policy is suspended, Your Policy will be automatically reinstituted if You request it within 90 days of losing Your Group Health Plan Coverage and You pay the premium attributable to this period. Your reinstituted Policy will be effective as of the date Your Group Health Plan Coverage is terminated.

### Reinstitution

Your reinstituted Policy will provide the same or substantially equivalent coverage that was in effect when your Policy was suspended. The premium for Your reinstituted Policy will be on the same terms that would have applied had Your Policy not been suspended.

## GENERAL PROVISIONS

### Entire Contract; Changes

This Policy with endorsements and any attached papers, is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

### Conformity with State Laws

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the State in which You reside on that Effective Date is amended to conform to the minimum requirements of such laws.

### Misstatement of Age

If Your age has been misstated, We will pay only such amounts as the premium paid would have purchased at the correct age. In the event an age is overstated, We will refund any premium that may be due when We have been notified of this fact. If according to the correct age the Policy would not have become effective for any reason, Our liability shall be limited to the refund of the premium paid, subject to an adjustment for paid claims.

### Notice of Claim

Written Notice of Claim must be given within 6 months after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at the address shown on Page 8, or to any one of Our agents. The notice should include Your name and Policy number.

### Claim Forms

When We receive Notice of Claim, We will send You forms for filing Proof of Loss. If these forms are not sent to You within 15 days after giving such notice, You can meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss provision.

### Electronic Claim Filing Process

Your health care providers will usually submit electronically to Medicare the billed charges for any medical or Hospital expenses You incur. Medicare then processes the benefits for expenses eligible under Part A and/or B, and then passes Your claim electronically to Us for consideration of benefits under Your Policy. We will accept Medicare's electronic submission of Your claim to Us as Your Notice of Claim and Your Claim Form. For consideration of expenses that are not submitted electronically to Us, a paper copy of Your Medicare Summary Notice can serve as Your Notice of Claim and Claim Form. The Medicare Summary Notice shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare Summary Notice to Us or Your health care provider may submit it to Us on Your behalf.

### Proofs of Loss

Written Proof of Loss must be given to Us within 90 days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than 1 year from the time specified unless You were legally incapacitated.



<b>Payment of Benefits</b>	All benefits will be paid to You, or Your assignee. Benefits unpaid at Your death may be paid to Your estate or We may pay up to \$1,000 to any relative of Yours who is entitled to them. Any payment made in good faith will fully release Us to the extent of that payment.
<b>Timely Payment of Benefits</b>	Benefits payable under this Policy will be paid as soon as We receive proper written Proof of Loss.
<b>Assignment</b>	No assignment of benefits under this Policy shall be binding upon Us unless the original (or copy of it) is on file with Us. We do not assume any responsibility for the validity of any assignment.
<b>Other Insurance With Us</b>	Your insurance under a like policy or policies with Us is limited to one such policy elected by You, Your beneficiary or Your estate, as the case may be, and We will return all premiums paid for all such other policies.
<b>Grace Period</b>	This Policy has a 31 day Grace Period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the Grace Period this Policy will stay in force.
<b>Alternate Payor</b>	An Alternate Payor is a person selected by You to receive a reminder of the renewal premium due if You have not paid it during the Grace Period. Your Alternate Payor is shown on Page 2.
<b>Conservation Period</b>	We offer You an additional 15 days beyond the Grace Period to pay Your premium. During this 15 day extension, this Policy is not in force unless Your premium is paid within this period. The Policy will then be renewed with no lapse in coverage.
<b>Unpaid Premium</b>	We reserve the right to deduct any premium due and unpaid from a claim payment.
<b>Reinstatement</b>	<p>If the renewal premium is not paid before the Grace Period ends or within the Conservation Period, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for Reinstatement will Reinstatement this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be Reinstated as of the approval date. Lacking such approval this Policy will be Reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval.</p> <p>The Reinstated Policy will only cover losses that result from Injury or Sickness sustained after the date of Reinstatement. In all other respects, Your rights and Our rights will remain the same after You have satisfied any provisions noted on or attached to the Reinstated Policy. Any premium accepted with a Reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days before the date of Reinstatement.</p>
<b>Continuation of Coverage</b>	We cannot terminate Your Policy as long as You pay Your premium on time. Termination of coverage under this Policy shall be without prejudice to any continuous loss for Confinement to a Hospital or skilled nursing facility that commences while this Policy is in force and during which You are determined to be continuously totally disabled. In this Policy, "continuously totally disabled" means the complete inability of a person to engage in all the normal activities of a person of the same age and gender. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.
<b>Refund of Unearned Premium</b>	We will refund that part of any premium paid which covers a period beyond the end of the Policy month of Your death.
<b>Time Limit on Certain Defenses</b>	No statements, except fraudulent misstatements, made by You in the application for this Policy, shall be used to void this Policy or to deny a claim for loss incurred after 2 years from the Effective Date of this Policy. No claim for loss occurring after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition had existed before the Effective Date of this Policy.
<b>Legal Action</b>	No legal action may be brought to recover on this Policy within 60 days after written Proof of Loss has been given as required by this Policy. No such action may be brought after 3 years after the time written Proof of Loss is required to be given.

## YOUR MEDICARE SUPPLEMENT POLICY

If additional information is needed, please contact Your Equitable agent or call one of Our Policyowner Specialists at 1 (800) 352-5150.

If You have any questions about Your Policy, please write to Us and We will be happy to help You, or call Us, on Our toll free number listed above.

**Equitable Life & Casualty Insurance Company**  
**3 Triad Center**  
**Salt Lake City, Utah 84180-1200**

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## Equitable Life & Casualty Insurance Company

### Outline Of Medicare Supplement Plans Sold for Effective Date on or After June 1, 2010

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A". Some plans may not be available in your state.

{Plans E, H, I and J are no longer available}

#### Basic Benefits:

**Hospitalization** - Part A coinsurance plus coverage for 365 additional days after Medicare benefits end;

**Medical Expenses** - Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of the part B coinsurance or copayments;

**Blood** - First three pints of blood each year;

**Hospice** - Part A coinsurance.

A❖	B	C	D	F❖	F*	G	K	L	M	N❖
Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Basic, including 100% Part B coinsurance	Basic Including 100% Part B coinsurance, except up to \$20 co-payment for office visits and up to \$50 co-payment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible	Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-Pocket limit {\$4,620}; paid at 100% after limit reached	Out-of-Pocket limit {\$2,310}; paid at 100% after limit reached		

❖Plans currently available for sale.

\*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year {\$2,000} deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed {\$2,000}. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**Ultimate Premiums - Monthly Bank Draft**  
**Non-Tobacco**  
**Area 1- All Zip Codes**

Age		Plan A	Plan F	Plan N
All Ages		123.59	182.00	132.42

**Ultimate Premiums - Monthly Bank Draft**  
**Tobacco**  
**Area 1- All Zip Codes**

Age		Plan A	Plan F	Plan N
All Ages		147.75	217.67	158.34

*Modal Factors: Annual = MBD x 12; SA = (MBD x 12) x.520; Q = (MBD x 12) x.265*

**Standard Premiums - Monthly Bank Draft**  
**Non-Tobacco**  
**Area 1- All Zip Codes**

Age		Plan A	Plan F	Plan N
All Ages		164.67	242.59	176.42

**Standard Premiums - Monthly Bank Draft**  
**Tobacco**  
**Area 1- All Zip Codes**

Age		Plan A	Plan F	Plan N
All Ages		196.92	290.09	211.00

*Modal Factors: Annual = MBD x 12; SA = (MBD x 12) x.520; Q = (MBD x 12) x.265*

### **PREMIUM INFORMATION**

We, Equitable Life & Casualty Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State. Each year following the changes in Medicare's deductibles and/or benefits your rates may be adjusted at that time. Your initial premiums are guaranteed for one full year.

### **DISCLOSURE PAGE**

Use this outline to compare benefits and premiums among policies, certificates and contracts.

**{This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I and J are no longer available for sale.}**

### **READ YOUR POLICY VERY CAREFULLY**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to us at: 3 Triad Center, Salt Lake City, Utah 84180-1200. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued, and return all of your payments.

### **POLICY REPLACEMENT**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

### **NOTICE**

This policy may not fully cover all of your medical costs. Neither Equitable Life & Casualty nor its agents are connected with Medicare. This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "The Medicare Handbook" for more details.

### **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

**Plan A (continued)**  
**MEDICARE (Part B) - MEDICAL SERVICES -PER CALENDAR YEAR**

**\*\*Once you have been billed [\$155] of Medicare-Approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> -IN OR OUT OF THE HOSPITAL AND OUTPATIENT TREATMENT, such as Physician's services, inpatient and out-patient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$155] of Medicare Approved Amounts**  Remainder of Medicare Approved Amounts	 \$0  Generally 80%	 \$0  Generally 20%	 [\$155] (Part B Deductible) \$0
Part B Excess Charges (Above Medicare Approved Amounts)	 \$0	 \$0	 All costs
<b>BLOOD</b> First 3 pints  Next [\$155] of Medicare Approved Amounts**  Remainder of Medicare Approved Amounts	 \$0  \$0  80%	 All costs  \$0  20%	 \$0  [\$155] (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES -</b> TESTS FOR DIAGNOSTIC SERVICES	 100%	 \$0	 \$0

## Part A & B

HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
-Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment			
First [\$155] of Medicare Approved Amounts**	\$0	\$0	[\$155] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**PLAN A**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day  91st day and after: -While using 60 lifetime reserve days  -Once lifetime reserve days are used: -Additional 365 days  -Beyond the additional 365 days	All but [\$1100]  All but [\$275] a day  All but [\$550] a day  \$0  \$0	\$0  [\$275] a day  [\$550] a day  100% of Medicare eligible expenses \$0	[\$1100] (Part A deductible)  \$0  \$0  \$0***  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 \$0 \$0	\$0 Up to [\$137.50] a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.



**PLAN F**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days  -Once lifetime reserve days are used: -Additional 365 days  -Beyond the additional 365 days	All but [\$1100] All but [\$275] a day  All but [\$550] a day  \$0  \$0	[\$1100] (Part A deductible) [\$275] a day  [\$550] a day  100% of Medicare eligible expenses \$0	\$0 \$0  \$0  \$0***  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 Up to [\$137.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan F (continued)**  
**MEDICARE (Part B) - MEDICAL SERVICES -PER CALENDAR YEAR**

*\*\*Once you have been billed [\$155] of Medicare-Approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> -IN OR OUT OF THE HOSPITAL AND OUTPATIENT TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$155] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 [\$155] (Part B Deductible) Generally 20%	 \$0 \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next [\$155] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs [\$155] (Part B Deductible) 20%	 \$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**Part A & B**

<b>HOME HEALTH CARE - MEDICARE APPROVED SERVICES</b> -Medically necessary skilled care services and medical supplies -Durable medical equipment First [\$155] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	 100%  \$0 80%	 \$0  [\$155] (Part B Deductible) 20%	 \$0  \$0 \$0
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**Other Benefits - Not Covered by Medicare**

<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE,</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	 \$0 \$0	 \$0 80% to a lifetime maximum benefit of \$50,000	 \$250 20% and amounts over the \$50,000 lifetime maximum
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**PLAN N**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days  -Once lifetime reserve days are used: -Additional 365 days  -Beyond the additional 365 days	All but [\$1100] All but [\$275] a day  All but [\$550] a day  \$0 \$0	[\$1100] (Part A deductible) [\$275] a day  [\$550] a day  100% of Medicare eligible expenses \$0	\$0 \$0  \$0  \$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 Up to [\$137.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan N (continued)**  
**MEDICARE (Part B) - MEDICAL SERVICES -PER CALENDAR YEAR**

*\*\*Once you have been billed [\$155] of Medicare-Approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> -IN OR OUT OF THE HOSPITAL AND OUTPATIENT TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$155] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Balance, other than up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense	\$[155] (Part B Deductible) Up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next [\$155] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[155] (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**Part A & B**

<b>HOME HEALTH CARE - MEDICARE APPROVED SERVICES</b> -Medically necessary skilled care services and medical supplies -Durable medical equipment First [\$155] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[155] (Part B Deductible) \$0
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**Other Benefits - Not Covered by Medicare**

<b>FOREIGN TRAVEL</b> -NOT COVERED BY MEDICARE, Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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Equitable Life & Casualty Insurance Company  
3 Triad Center, Salt Lake City, Utah 84180-1200  
Application - Medicare Supplement Insurance

☐ New Business  
☐ Coverage Change

## Part I – Personal Information

Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other \_\_\_\_\_

Last Name

First Name

MI

\_\_\_\_\_  
\_\_\_\_\_

Birthdate (mm/dd/yyyy)

Social Security Number

Age:

Height

Weight

Gender

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_

\_\_\_\_ ft \_\_\_\_ in

\_\_\_\_ lbs

☐ Female

☐ Male

Prefix

Suffix

Medicare ID Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Street Address

\_\_\_\_\_  
\_\_\_\_\_

City

State

Zip

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Best Time to Call (3 hour interval): \_\_\_\_ to \_\_\_\_

Weekend Calls: Yes ☐ No ☐

Daytime Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Evening Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

E-Mail Address: \_\_\_\_\_

## Part II – Plan Selection

**Applicant:**

**Pay Claims to:**

**Tobacco Use:**

☐ A ☐ F ☐ N

☐ Me ☐ My Provider

Have you used any tobacco products, including cigarettes, cigars, chewing tobacco or a pipe, in the past 12 months?

☐ Yes ☐ No

*\*You are not required to answer this question if you are applying during an open enrollment or guarantee issue period.*

Federal law allows a 6 month open enrollment period beginning with the first day of the first month in which an applicant is both: (1) age 65 or older; and (2) enrolled in Medicare Part B. *If you are a qualified open enrollee, you may apply for and receive any Medicare Supplement Plan available from us.*

## Part III – Medicare & Insurance Information

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you are eligible for guaranteed issue of a Medicare Supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please include a copy of the notice from your prior insurer with this Application. *Please mark "Yes" or "No" below with an "X", to the best of your knowledge.*

### PLEASE ANSWER ALL QUESTIONS

**Yes No**

☐ ☐

1) a) Did you turn 65 in the last 6 months?

☐ ☐

b) Did you enroll in Medicare Part B in the last 6 months?

☐ ☐

c) If Yes, what is the effective date? \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (mm/dd/yyyy)

☐ ☐

2) Are you covered for Medical Assistance through the state Medicaid program?

*NOTE TO APPLICANT: If you are participating in a "Spend Down Program" and have not met your "Share of the Cost", please answer "NO" to this question.*

If "Yes",

☐ ☐

a) Will Medicaid pay your premiums for this Medicare Supplement policy?

☐ ☐

b) Do you receive any benefits from Medicaid, OTHER THAN payments toward your Part B premium?

### Part III – Medicare & Insurance Information (continued)

Yes No

☐ ☐

- 3) a) If you had coverage from any Medicare Plan other than Original Medicare within the past 63 days, for example, a Medicare Advantage plan, or a Medicare HMO or PPO, fill in your "Start" and "End" dates below. If you are still covered under this plan, leave "End" blank.

Start -- End -- (mm/dd/yyyy)

☐ ☐

- b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy? (If "Yes" complete Replacement Notice.)

If so with which company? \_\_\_\_\_

Company Address: \_\_\_\_\_

☐ ☐

- c) Was this your first time in this type of Medicare Plan?

☐ ☐

- d) Did you drop a Medicare Supplement policy to enroll in the Medicare Plan?

☐ ☐

- 4) a) Do you have another Medicare Supplement policy in force?

- b) If so with which company? \_\_\_\_\_

Company Address: \_\_\_\_\_

What plan do you have? \_\_\_\_\_

☐ ☐

- c) If so, do you intend to replace your current Medicare Supplement policy with this policy? (If "Yes" complete Replacement Notice.)

☐ ☐

- 5) Have you had coverage under any other health insurance within the past 63 days? (for example, an employer, union, or individual plan)

- a) If so, with what company? \_\_\_\_\_

What kind of policy? \_\_\_\_\_

- b) What are your dates of coverage under the other policy? If you are still covered under this plan, leave "End" blank.

Start -- End -- (mm/dd/yyyy)

### Part IV – General Information

- 1) You do not need more than one Medicare Supplement policy.
- 2) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- 3) You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.
- 4) If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. Upon receipt of your request, we will return to you that portion of the premium attributable to the period of your Medicaid eligibility, subject to an adjustment for paid claims. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy or, if that is no longer available, a substantially equivalent policy will be reinstituted, effective as of the date of termination of Medicaid, if requested within 90 days of losing your Medicaid eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
- 5) If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union based group health plan, your suspended Medicare Supplement policy or, if that is no longer available, a substantially equivalent policy, will be reinstituted if requested within 90 days of losing your employer or union based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
- 6) Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid Program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low Income Medicare Beneficiary (SLMB).





## Part VII – Guarantee Issue Eligibility (continued)

- ☐ You enrolled in a Medicare Advantage plan or in a Program of All-Inclusive Care for the Elderly (PACE) plan and the plan is terminated, or your discontinuance in the plan is due to specific circumstances, such as a change in your residence, plan termination in your residence area, the plan substantially violated a material provision of your policy, or a material misrepresentation was made to you about the plan or its coverage.

**Under this definition you are eligible for Plans A and F from Us.** If your coverage was involuntarily terminated, the time period in which you must apply for the plan you are eligible to receive begins on the date that you receive notice of the coverage termination and ends 63 days thereafter. If you voluntarily terminated your coverage, the time period in which you must apply for the plan you are eligible to receive begins on the date that is 60 days before the date that coverage is terminated and ends 63 days thereafter. You must submit evidence of your coverage termination along with your application for coverage.

- ☐ You enrolled in a Medicare risk or cost contract, health care prepayment plan, Medicare Select plan, or similar organization and the plan or organization is terminated, or your discontinuance in the plan or organization is due to specific circumstances, such as a change in your residence, plan termination in your residence area, the plan substantially violated a material provision of your policy, or a material misrepresentation was made to you about the plan or its coverage.

**Under this definition you are eligible for Plans A and F from Us.** If your coverage was involuntarily terminated, the time period in which you must apply for the plan you are eligible to receive begins on the date that you receive notice of the coverage termination and ends 63 days thereafter. If you voluntarily terminated your coverage, the time period in which you must apply for the plan you are eligible to receive begins on the date the coverage is terminated and ends 63 days thereafter. You must submit evidence of your coverage termination along with your application for coverage.

- ☐ You enrolled in a Medicare Supplement policy and your coverage is discontinued due to the insolvency of the insurer or other involuntary termination of coverage, the plan substantially violated a material provision of your policy, or a material misrepresentation was made to you about the plan.

**Under this definition you are eligible for Plans A and F from Us.** If your coverage was involuntarily terminated, the time period in which you must apply for the plan you are eligible to receive begins on the earlier of: 1) the date that you receive notice of the termination of coverage or 2) the date of the termination; and ends 63 days thereafter. If you voluntarily terminated your coverage, the time period in which you must apply for the plan you are eligible to receive begins 60 days before the coverage is terminated and ends 63 days thereafter. You must submit evidence of your coverage termination along with your application for coverage.

- ☐ You enrolled in a Medicare Supplement policy and terminated your policy to enroll for the first time in a Medicare Advantage plan, a Medicare risk or cost contract, PACE plan or a Medicare Select plan and then terminated your new coverage within the first 12 months.

**Under this definition you are entitled to the same or equivalent policy you terminated with us, or you are eligible for Plans A and F from Us.** If your coverage was involuntarily terminated, the time period in which you must apply for the plan you are eligible to receive begins on the date that you receive notice of the coverage termination and ends 63 days thereafter. If you voluntarily terminated your coverage, the time period in which you must apply for the plan you are eligible to receive begins on the date that is 60 days before the date the coverage is terminated and ends 63 days thereafter. You must submit evidence of your coverage termination along with your application for coverage.

- ☐ When you first became eligible for Medicare Part A at age 65, you enrolled in a Medicare Advantage or PACE plan and then disenrolled from that plan within the first 12 months.

**Under this definition, you are eligible for all plans available from us.** If your coverage was involuntarily terminated, the time period in which you must apply for the plan you are eligible to receive begins on the date that you receive notice of the coverage termination and ends 63 days thereafter. If you voluntarily terminated your coverage, the time period in which you must apply for the plan you are eligible to receive begins on the date that is 60 days before the date the coverage is terminated and ends 63 days thereafter. You must submit evidence of your Plan disenrollment along with your application for coverage.

- ☐ You enrolled in a Medicare Part D Plan during the initial Part D enrollment period, and are enrolled under a Medicare Supplement policy that covers outpatient prescription drugs and terminate your policy.

**Under this definition, you are eligible for Plans A and F from Us.** The time period in which you must apply for the plan you are eligible to receive begins on the date you receive the notice from your Medicare supplement issuer regarding your prescription drug coverage under your policy and Medicare Part D, and ends 63 days after you enroll under Part D. You must submit evidence of enrollment in Part D along with your application for coverage.



## Part VIII – Agreement & Acknowledgement

As part of the Medicare Supplement Application process, Equitable Life & Casualty has certain information that you should review as part of your decision to purchase our policy. Please indicate your receipt of this information:

- |  |   |
|--|---|
| <input type="checkbox"/> Outline of Coverage               | <input type="checkbox"/> Medicare Buyers Guide                              |
| <input type="checkbox"/> Replacement Notice, if applicable | <input type="checkbox"/> Notice of Information Practices and Privacy Policy |

I HAVE READ AND FULLY UNDERSTAND the questions and my answers on this Application. To the best of my knowledge and belief they are true and complete. I understand the Company may conduct a telephone interview with me regarding the answers. I understand and agree the policy applied for will not take effect until issued by the Company, and that the agent is not authorized to extend, waive or change any terms, conditions or provisions of the policy.

**Caution:** If your answers on this application are incorrect or untrue, the Company has the right to deny benefits or rescind your policy.

Signed at (City and State): \_\_\_\_\_ Date: --

Applicant Signature: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Producer Number: \_\_\_\_\_

Send policy to: ☐ Applicant ☐ Producer

## Part IX – Producer Supplement

Yes No

**All questions must be completed.**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you personally interview the applicant and witness all signatures?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. State the name and relationship of any other person present when this application was taken.<br>Name _____ Relationship to Applicant _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you review the application for correctness and any omissions?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did the applicant review the application for correctness and any omissions?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you wish the applicant to be considered for the issuance of a life insurance policy?  |

If "Yes", Face Amount: \$,000

Beneficiary \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Listed below are all other health insurance policies I have (a) sold to the Applicant which are still in force; and  
(b) sold to the Applicant in the last 5 years which are no longer in force.

Company	Type of Policy	Effective Date	In Force
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Producer #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer #1 Name (please print)	Producer #	Split %
<input type="text"/>	<input type="text"/>	<input type="text"/>

Producer #2 Name (please print)	Producer #	Split %
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Medical Information

Complete this section by checking "Yes" or "No" for each question. For applicants who are applying as an Open Enrollee or meet guarantee issue requirements, these questions need not be answered. For all other applicants, if an answer to any part of questions 1 – 5 is "Yes", a policy will not be issued.

**Yes    No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. During the past 2 years, have you seen a physician, been diagnosed, treated or taken medication for:  |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Amyotrophic lateral sclerosis (ALS), multiple sclerosis, Parkinson's disease, systemic lupus or myasthenia gravis?  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Organ transplant, chronic kidney disease, kidney failure or cirrhosis of the liver?   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. AIDS or HIV positive?   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Alzheimer's disease, memory loss or dementia?   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Leukemia, internal cancer, lymphoma, melanoma or multiple myeloma?  |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Heart attack, heart valve disease, carotid artery disease, peripheral vascular disease, coronary artery disease, angina, cardiomyopathy, congestive heart failure or atrial fibrillation? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Heart surgery including angioplasty, bypass or stent placement or surgery for carotid artery or peripheral vascular disease?  |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Stroke or transient ischemic attack (TIA, mini-stroke)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Skin ulcer or amputation due to disease?  |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Alcohol or drug abuse?  |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Complications of diabetes such as neuropathy (numbness, tingling or burning in arms or legs), retinopathy (eye damage) or kidney damage or diabetes that is not under control?            |
| <input type="checkbox"/> | <input type="checkbox"/> | l. A chronic medical condition requiring oxygen use or the use of a mechanical breathing device (except CPAP)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. In the past 2 years, have you been hospitalized more than 2 times or been hospitalized for mental illness (such as anxiety or depression)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you been in a hospital, confined to a nursing home or assisted living facility or received home health care in the past 90 days? Has any of this care been medically advised?        |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you require the use of a wheelchair?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has a doctor scheduled or recommended any tests, surgery or workup to rule out disease or to determine the cause of your health concerns that have not been completed?                    |

**Additional Questions. Check "Yes" or "No" for each question.**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you been diagnosed or treated for diabetes (includes diet control, oral medication and treatment with insulin)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you have a mental illness (such as anxiety or depression) that requires psychiatric care?                         |

**DOCTOR YOU USUALLY CONSULT - Your Primary Care Physician**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Replacement Notice

### NOTICE TO APPLICANTS REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

3 Triad Center, Salt Lake City, UT 84180-1200

**SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE!**

According to your application, you intend to terminate existing Medicare Supplement or Medicare Advantage coverage and replace it with a policy to be issued by Equitable Life & Casualty Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. Terminate your policy or Medicare Advantage coverage only if after due consideration and acceptance by the replacing insurer, you find that purchase of this Medicare Supplement coverage is a wise decision. You should evaluate the need for other accident and sickness coverage you have that may duplicate the benefits provided under this policy.

**STATEMENT TO APPLICANT BY AGENT:** I have reviewed your current medical or health insurance coverage. To the best of my knowledge this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason (check one):

- ☐ Additional benefits.
- ☐ Same benefits, but lower premium.
- ☐ Fewer benefits and lower premiums.
- ☐ My plan has outpatient prescription drug coverage and I am enrolling in Part D.
- ☐ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

☐ Other (please specify). \_\_\_\_\_

**I call to your attention the following item for your consideration:** If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the issuer to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Producers PRINTED name and address

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*Producer: If this replacement notice is necessary, have the insured complete and sign this form and return it to us with all other forms*

*Replaced Company Name:* \_\_\_\_\_

*Replaced Company Address:* \_\_\_\_\_

## Replacement Notice

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- ☐ Same benefits, but lower premium.
- ☐ Fewer benefits and lower premiums.
- ☐ My plan has outpatient prescription drug coverage and I am enrolling in Part D.
- ☐ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

☐ Other (please specify). \_\_\_\_\_

**I call to your attention the following item for your consideration:** If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the issuer to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Producers PRINTED name and address

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*Producer: If this replacement notice is necessary, have the insured complete and sign this form and leave it with the Applicant*

*Replaced Company Name:* \_\_\_\_\_

*Replaced Company Address:* \_\_\_\_\_

RN-10

Leave with Applicant

# EquiChoice

Modernized Medicare Supplement Insurance Plans



**It's Your Choice!**  
**You Choose Your Own Doctors And Hospitals**



**Equitable & You**

*... Committed To Caring*

# DEPENDABILITY, QUALITY AND VALUE

## ... THE CHOICE IS YOURS

Make Your  
Choice From  
These Three  
Modernized  
Plans.

With Equitable  
You Choose  
The Alternative  
That Works  
Best For You!



Medicare Supplement Coverage Overview *				
	What Medicare Leaves You To Pay (Deductibles and Co-Insurance Increase Annually)	Plan A Covers	Plan F Covers	Plan N** Covers
<b>Part A Hospital Care</b>	{ \$1,100 } first-day deductible		✓	✓
	Charges for the first three pints of blood	✓	✓	✓
	{ \$275 } per day for 61st – 90th day in the hospital	✓	✓	✓
	{ \$550 } per day for 91st – 150th day in the hospital	✓	✓	✓
	100% of bills after day 150 in the hospital for an additional 365 days	✓	✓	✓
<b>Skilled Nursing Facility Care</b>	{ \$137.50 } per day for 21st – 100th day of a skilled nursing facility stay		✓	✓
<b>Part B Physician Services &amp; Supplies</b>	{ \$155 } yearly deductible		✓	
	Generally, 20% of the Medicare-eligible charges for physician services and supplies	✓	✓	✓
	Charges for the first three pints of blood	✓	✓	✓
	Physician charges in excess of Medicare-approved amounts		100%	
<b>Emergency Care In A Foreign Country</b>	80% of bills after \$250 calendar year deductible, up to \$50,000 lifetime maximum		✓	✓

\* Review the Outline of Coverage for benefit plan details.

\*\* Plan N has a { \$20 } copayment for visits to a doctor's office and  
a { \$50 } copayment for visits to the emergency room.



# BY CHOOSING EQUITABLE, YOU MAKE THE EQUICHOICE

**W**ith all plans, you have unlimited lifetime benefits and your coverage keeps up with the changing deductibles and coinsurance amounts whenever Medicare changes – it's automatic. Your Outline of Coverage will describe each additional benefit in the plan you select.

## WHY CHOOSE EQUITABLE?

### 1. Recognized Leadership

Since 1935 Equitable has led the way with superior health care protection for America's Seniors.



We were in the forefront when Medicare began in 1965, and we still lead the way today, giving you the satisfaction of knowing you can count on us for quality, value and dependability.

### 2. Prompt, Personal, Professional Service

It's what Equitable is all about. Our service has a personal touch and your claims are paid fast! Ask us about our "under 5-day" claim service. We're only a toll-free phone call away, and we don't use computerized answering systems, just friendly people willing to help you.

### 3. Coverage That's Easy To Get And Easy To Keep

- You may qualify for coverage with our simple "Yes / No" application, and you have immediate coverage with no waiting period for all plans. Even your current health conditions are covered immediately.
- One simple phone call can complete the entire process.
- In most cases, no paper application required.
- We guarantee issue all plans we offer, to qualified Open Enrollees.
- You can choose the premium payment plan that is best for you, plus a way to make sure once you have your coverage, you won't lose it. Ask your Equitable agent about our "Alternate Payor" feature and our "15 Day Extension To Pay."

### 4. A Choice Of Claim Payment Methods

We can pay you direct, or automatically pay your provider. Ask your Equitable agent about it; it's your choice. Either way, you receive a full, personalized explanation of the benefits paid.

# WITH EQUITABLE & EQUICHOICE YOU HAVE:



## EXPERIENCE!

Equitable has provided Medicare Supplement Plans since Medicare was enacted into Law.

Equitable is proud to sponsor "Profiles In Caring" and the Ambassadors Of Caring® Award.

For more information on "Profiles In Caring" and the Ambassadors Of Caring® Award, call 866-937-5820.



Together, we can make a world of difference.

## EQUITABLE'S 3 WAY GUARANTEE

### Lifetime Coverage

You can renew this policy as long as you live by paying the premium on time – no matter what your future health may be.

### Premium Protection

We will never change premiums unless we do so for all policies like yours in your state.

### No Obligation

You have the right to a 30 day "free look" and a full refund if you are not completely satisfied for any reason.



**The policy contains limitations and exclusions.** We will not pay for any expenses not eligible for reimbursement under Medicare, unless otherwise covered in the policy you select; or any expense you are not legally obligated to pay.

**Neither Equitable Life & Casualty nor its agents are connected with Medicare.**

This is a solicitation for insurance.

 **Equitable & You**  
... Committed To Caring

**Equitable Life & Casualty Insurance Company**

3 Triad Center, Salt Lake City, Utah 84180-1200 • 800-352-5170 • [www.EquiLife.com](http://www.EquiLife.com)



SERFF Tracking Number:	ELCC-126550000	State:	Arkansas
Filing Company:	Equitable Life & Casualty Insurance Company	State Tracking Number:	45422
Company Tracking Number:	2050/2070		
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.001 Plan A 2010
Product Name:	2010 Medicare Supplement		
Project Name/Number:	2050/2070 /2050/2070		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Accepted for Informational Purposes	05/11/2010
<b>Comments:</b>		
<b>Attachment:</b>		
AR Flesch Certification.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Application	Approved	05/11/2010
<b>Bypass Reason:</b> See Form Schedule		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved	05/11/2010
<b>Bypass Reason:</b> See Rate/Rule Schedule		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved	05/11/2010
<b>Bypass Reason:</b> See Form Schedule		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> redlined OLC		
<b>Comments:</b>		
<b>Attachment:</b>		

<i>SERFF Tracking Number:</i>	<i>ELCC-126550000</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Equitable Life &amp; Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>45422</i>
<i>Company Tracking Number:</i>	<i>2050/2070</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>2010 Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2050/2070 /2050/2070</i>		


OLC 2050\_ar redlined.pdf

## State of Arkansas

### Flesch Readability Certification

I, Kendall R. Surfass, an officer of Equitable Life & Casualty Insurance Company, hereby certify that the Flesch Readability Score for the following are true and correct:

Policy Form	Flesch Score
2050-A AR	45.5
2050-F AR	45.2
2050-N AR	45.6

  
Signature

Kendall R. Surfass  
Name

Vice Chairman, Secretary and General Counsel  
Title

April 12, 2010  
Date

## Equitable Life & Casualty Insurance Company

### Outline Of Medicare Supplement Plans Sold for Effective Date on or After June 1, 2010

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A". Some plans may not be available in your state.

{Plans E, H, I and J are no longer available}

#### Basic Benefits:

**Hospitalization** - Part A coinsurance plus coverage for 365 additional days after Medicare benefits end;

**Medical Expenses** - Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of the part B coinsurance or copayments;

**Blood** - First three pints of blood each year;

**Hospice** - Part A coinsurance.

A❖	B	C	D	F❖	F*	G	K	L	M	N❖
Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Basic, including 100% Part B coinsurance	Basic Including 100% Part B coinsurance, except up to \$20 co-payment for office visits and up to \$50 co-payment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible	Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-Pocket limit {\$4,620}; paid at 100% after limit reached	Out-of-Pocket limit {\$2,310}; paid at 100% after limit reached		

❖Plans currently available for sale.

\*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year {\$2,000} deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed {\$2,000}. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**Ultimate Premiums - Monthly Bank Draft**  
**Non-Tobacco**  
**Area 1- All Zip Codes**

Age	Plan A	Plan F	Plan N
All Ages	123.59	182.00	132.42

**Ultimate Premiums - Monthly Bank Draft**  
**Tobacco**  
**Area 1- All Zip Codes**

Age	Plan A	Plan F	Plan N
All Ages	147.75	217.67	158.34

*Modal Factors: Annual = MBD x 12; SA = (MBD x 12) x.520; Q = (MBD x 12) x.265*

**Standard Premiums - Monthly Bank Draft**  
**Non-Tobacco**  
**Area 1- All Zip Codes**

Age		Plan A	Plan F	Plan N
All Ages		164.67	242.59	176.42

**Standard Premiums - Monthly Bank Draft**  
**Tobacco**  
**Area 1- All Zip Codes**

Age		Plan A	Plan F	Plan N
All Ages		196.92	290.09	211.00

*Modal Factors: Annual = MBD x 12; SA = (MBD x 12) x.520; Q = (MBD x 12) x.265*

### **PREMIUM INFORMATION**

We, Equitable Life & Casualty Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State. Each year following the changes in Medicare's deductibles and/or benefits your rates may be adjusted at that time. Your initial premiums are guaranteed for one full year.

### **DISCLOSURE PAGE**

Use this outline to compare benefits and premiums among policies, certificates and contracts.

**{This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I and J are no longer available for sale.}**

### **READ YOUR POLICY VERY CAREFULLY**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to us at: 3 Triad Center, Salt Lake City, Utah 84180-1200. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued, and return all of your payments.

### **POLICY REPLACEMENT**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

### **NOTICE**

This policy may not fully cover all of your medical costs. Neither Equitable Life & Casualty nor its agents are connected with Medicare. This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "The Medicare Handbook" for more details.

### **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

**Plan A (continued)**  
**MEDICARE (Part B) - MEDICAL SERVICES -PER CALENDAR YEAR**

*\*\*Once you have been billed [\$155] of Medicare-Approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT TREATMENT,</b> such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$155] of Medicare Approved Amounts**  Remainder of Medicare Approved Amounts	  \$0  Generally 80%	  \$0  Generally 20%	   [\$155] (Part B Deductible) \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints  Next [\$155] of Medicare Approved Amounts**  Remainder of Medicare Approved Amounts	 \$0  \$0  80%	 All costs  \$0  20%	 \$0   [\$155] (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**Part A & B**

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First [\$155] of Medicare Approved Amounts**  Remainder of Medicare Approved Amounts	  100%  \$0  80%	  \$0  \$0  20%	   \$0    [\$155] (Part B Deductible) \$0
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**PLAN A**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day  91st day and after: -While using 60 lifetime reserve days  -Once lifetime reserve days are used: -Additional 365 days  -Beyond the additional 365 days	All but [\$1100]  All but [\$275] a day  All but [\$550] a day  \$0  \$0	\$0  [\$275] a day  [\$550] a day  100% of Medicare eligible expenses \$0	[\$1100] (Part A deductible)  \$0  \$0  \$0***  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 \$0 \$0	\$0 Up to [\$137.50] a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN F**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days  -Once lifetime reserve days are used: -Additional 365 days  -Beyond the additional 365 days	All but [\$1100] All but [\$275] a day  All but [\$550] a day  \$0  \$0	[\$1100] (Part A deductible) [\$275] a day  [\$550] a day  100% of Medicare eligible expenses \$0	\$0 \$0  \$0  \$0***  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 Up to [\$137.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan F (continued)**  
**MEDICARE (Part B) - MEDICAL SERVICES -PER CALENDAR YEAR**

*\*\*Once you have been billed [\$155] of Medicare-Approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> -IN OR OUT OF THE HOSPITAL AND OUTPATIENT TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$155] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 [\$155] (Part B Deductible) Generally 20%	 \$0 \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next [\$155] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs [\$155] (Part B Deductible) 20%	 \$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**Part A & B**

<b>HOME HEALTH CARE - MEDICARE APPROVED SERVICES</b> -Medically necessary skilled care services and medical supplies -Durable medical equipment First [\$155] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	 100%  \$0 80%	 \$0  [\$155] (Part B Deductible) 20%	 \$0  \$0 \$0
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**Other Benefits - Not Covered by Medicare**

<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE,</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	 \$0 \$0	 \$0 80% to a lifetime maximum benefit of \$50,000	 \$250 20% and amounts over the \$50,000 lifetime maximum
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**PLAN N**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days  -Once lifetime reserve days are used: -Additional 365 days  -Beyond the additional 365 days	All but [\$1100] All but [\$275] a day  All but [\$550] a day  \$0 \$0	[\$1100] (Part A deductible) [\$275] a day  [\$550] a day  100% of Medicare eligible expenses \$0	\$0 \$0  \$0  \$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 Up to [\$137.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan N (continued)**  
**MEDICARE (Part B) - MEDICAL SERVICES -PER CALENDAR YEAR**

*\*\*Once you have been billed [\$155] of Medicare-Approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> -IN OR OUT OF THE HOSPITAL AND OUTPATIENT TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$155] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Balance, other than up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense	\$[155] (Part B Deductible) Up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next [\$155] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[155] (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**Part A & B**

<b>HOME HEALTH CARE - MEDICARE APPROVED SERVICES</b> -Medically necessary skilled care services and medical supplies -Durable medical equipment First [\$155] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[155] (Part B Deductible) \$0
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**Other Benefits - Not Covered by Medicare**

<b>FOREIGN TRAVEL</b> -NOT COVERED BY MEDICARE, Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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<i>SERFF Tracking Number:</i>	<i>ELCC-126550000</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Equitable Life &amp; Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>45422</i>
<i>Company Tracking Number:</i>	<i>2050/2070</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>2010 Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2050/2070 /2050/2070</i>		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/12/2010	Form	Outline of Coverage	05/18/2010	OLC 2050_ar-2010.pdf (Superceded)

## Equitable Life & Casualty Insurance Company

### Outline Of Medicare Supplement Plans Sold for Effective Date on or After June 1, 2010

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A". Some plans may not be available in your state.

{Plans E, H, I and J are no longer available}

#### Basic Benefits:

**Hospitalization** - Part A coinsurance plus coverage for 365 additional days after Medicare benefits end;

**Medical Expenses** - Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of the part B coinsurance or copayments;

**Blood** - First three pints of blood each year;

**Hospice** - Part A coinsurance.

A❖	B	C	D	F❖	F*	G	K	L	M	N❖
Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Basic Including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Basic, including 100% Part B coinsurance	Basic Including 100% Part B coinsurance, except up to \$20 co-payment for office visits and up to \$50 co-payment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible	Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)				
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-Pocket limit {\$4,620}; paid at 100% after limit reached	Out-of-Pocket limit {\$2,310}; paid at 100% after limit reached		

❖Plans currently available for sale.

\*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year {\$2,000} deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed {\$2,000}. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**Ultimate Premiums - Monthly Bank Draft**  
**Non-Tobacco**  
**Area 1- All Zip Codes**

Age	Plan A	Plan F	Plan N
All Ages	123.58	182.00	132.42

**Ultimate Premiums - Monthly Bank Draft**  
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**Non-Tobacco**  
**Area 1- All Zip Codes**

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**Tobacco**  
**Area 1- All Zip Codes**

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### **DISCLOSURE PAGE**

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**{This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I and J are no longer available for sale.}**

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If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

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When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

**Plan A (continued)**  
**MEDICARE (Part B) - MEDICAL SERVICES -PER CALENDAR YEAR**

**\*\*Once you have been billed [\$135] of Medicare-Approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> -IN OR OUT OF THE HOSPITAL AND OUTPATIENT TREATMENT, such as Physician's services, inpatient and out-patient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$135] of Medicare Approved Amounts**  Remainder of Medicare Approved Amounts	 \$0  Generally 80%	 \$0  Generally 20%	 [\$135] (Part B Deductible) \$0
Part B Excess Charges (Above Medicare Approved Amounts)	 \$0	 \$0	 All costs
<b>BLOOD</b> First 3 pints  Next [\$135] of Medicare Approved Amounts**  Remainder of Medicare Approved Amounts	 \$0  \$0  80%	 All costs  \$0  20%	 \$0  [\$135] (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES -</b> TESTS FOR DIAGNOSTIC SERVICES	 100%	 \$0	 \$0

## Part A & B

HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
-Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment			
First [\$135] of Medicare Approved Amounts**	\$0	\$0	[\$135] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**PLAN A**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day  91st day and after: -While using 60 lifetime reserve days  -Once lifetime reserve days are used: -Additional 365 days  -Beyond the additional 365 days	All but [\$1024]  All but [\$256] a day  All but [\$512] a day  \$0  \$0	\$0  [\$256] a day  [\$512] a day  100% of Medicare eligible expenses \$0	[\$1024] (Part A deductible)  \$0  \$0  \$0***  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but [\$128] a day \$0	\$0 \$0 \$0	\$0 Up to [\$128] a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN F**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

*\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days  -Once lifetime reserve days are used: -Additional 365 days  -Beyond the additional 365 days	All but [\$1024] All but [\$256] a day  All but [\$512] a day  \$0  \$0	[\$1024] (Part A deductible) [\$256] a day  [\$512] a day  100% of Medicare eligible expenses \$0	\$0 \$0  \$0  \$0***  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but [\$128] a day \$0	\$0 Up to [\$128] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

*\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.*

**Plan F (continued)**  
**MEDICARE (Part B) - MEDICAL SERVICES -PER CALENDAR YEAR**

*\*\*Once you have been billed [\$135] of Medicare-Approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> -IN OR OUT OF THE HOSPITAL AND OUTPATIENT TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$135] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 [\$135] (Part B Deductible) Generally 20%	 \$0 \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next [\$135] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs [\$135] (Part B Deductible) 20%	 \$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**Part A & B**

<b>HOME HEALTH CARE - MEDICARE APPROVED SERVICES</b> -Medically necessary skilled care services and medical supplies -Durable medical equipment First [\$135] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	 100%  \$0 80%	 \$0  [\$135] (Part B Deductible) 20%	 \$0  \$0 \$0
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**Other Benefits - Not Covered by Medicare**

<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE,</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	 \$0 \$0	 \$0 80% to a lifetime maximum benefit of \$50,000	 \$250 20% and amounts over the \$50,000 lifetime maximum
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**PLAN N**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days  -Once lifetime reserve days are used: -Additional 365 days  -Beyond the additional 365 days	All but [\$1024] All but [\$256] a day  All but [\$512] a day  \$0 \$0	[\$1024] (Part A deductible) [\$256] a day  [\$512] a day  100% of Medicare eligible expenses \$0	\$0 \$0  \$0  \$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but [\$128] a day \$0	\$0 Up to [\$128] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan N (continued)**  
**MEDICARE (Part B) - MEDICAL SERVICES -PER CALENDAR YEAR**

*\*\*Once you have been billed [\$135] of Medicare-Approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> -IN OR OUT OF THE HOSPITAL AND OUTPATIENT TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$135] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Balance, other than up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense	\$[135] (Part B Deductible) Up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next [\$135] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[135] (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**Part A & B**

<b>HOME HEALTH CARE - MEDICARE APPROVED SERVICES</b> -Medically necessary skilled care services and medical supplies -Durable medical equipment First [\$135] of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[135] (Part B Deductible) \$0
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**Other Benefits - Not Covered by Medicare**

<b>FOREIGN TRAVEL</b> -NOT COVERED BY MEDICARE, Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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